

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 29/155708 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	1		1				53						
4	1		1				54						
5		4		1			55						
6	1		1				56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10	1		1				60						
11		1		1			61						
12							62						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		5				TOTAL IND.						
TOTAL DEP.		4		1			TOTAL DEP.						
TOTAL CLAIMS	5	4	5	1			TOTAL CLAIMS						

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